

# Athens Clarke County Unified Government Water Business Office

IS THIS:

**NEW SERVICE** (SELECT THIS IF YOU HAVE NEVER HAD WATER SERVICE IN ATHENS-CLARKE COUNTY IN YOUR NAME)  YES  NO

**TRANSFER** (SELECT THIS IF YOU HAVE CURRENT OR PREVIOUS WATER SERVICE IN ATHENS-CLARKE COUNTY IN YOUR NAME)  YES  NO

**I hereby accept responsibility for water service at :**

Street Address \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

If Applicable

Business Name \_\_\_\_\_

Tax ID Number \_\_\_\_\_

### RESPONSIBLE PARTY CONTACT INFORMATION

Driver's License Number \_\_\_\_\_

Last 4 of SS# \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_

The date you would like to have water service started or transferred to your name \_\_\_\_\_

How many people reside at the service location? \_\_\_\_\_

Is the service location new construction                      YES                      NO

### BILLING INFORMATION (IF DIFFERENT FROM SERVICE ADDRESS)

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Type of Service Being Requested     RESIDENTAL    COMMERCIAL    MULTI-FAMILY

Which One Describes You    OWNER    TENANT    PROPERTY MANAGER

I understand it is my responsibility to contact the Athens-Clarke County Unified Government Water Business Office to terminate service. I acknowledge responsibility for all water use at the service address listed above while the account remains in my name.

**A leaking toilet or a toilet that continues to run after being flushed is one of the most common causes of high water bills.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

### FOR OFFICE USE ONLY

Payment Method                       Cash                       Check                       Credit Card

Account # \_\_\_\_\_

Deposit \_\_\_\_\_

Svc. Charge \_\_\_\_\_

Total Amount \_\_\_\_\_

Pev. Bal \_\_\_\_\_

Transfer                       New Customer

PP                       PD